140

CITY OF KENMORE, WA Business License Application



18120 68th Ave NE, Kenmore, WA 98028

425-398-8900

www.kenmorewa.gov

	License Number:		
Area	Application Date:		
	Expiration Date:		
Staff use	Received By:		
Ş			
		Date Stamp	
1	Business Information:		
	Business Registration Type:		
	Business Address: City,St,	Zip:	
	Business Website:		
	DBA Name:		
	Business Mailing Address: City,St,		
	E-mail Address:		
	Type of business: Adult Cabaret Adult Entertainment Amuser	nent Parks	
	Type of business: Adult Cabaret Adult Entertainment Amusement Parks Carnival Closing Out Sales Dance Junk Shop Junk Wagon Live Entertainment		
	☐ Massage Business/ Public	agon Live Emenamment	
	Bathhouse	Music Event	
	Pawn Broker Secondhand Dealer Other (describe):		
	Does your business propose to serve liquor? Yes No		
	If yes, what is the status of your liquor license application?		
	Will flammable or hazardous materials be stored on site?		
	If yes, what materials and quantities?		
	Business Ownership: Sole Proprietor Partnership Corporation Association Non-Profit		
	☐ Individual Ownership ☐ Other:		
	State Tax ID Number: Federal ID Number:		
	If a partnership, what type? General Limited		
	Legal name of partnership:		
	Name and address of any registered agent for service of process:		
	Name: Phone:	-	
	Address: City,St,	Zip:	

Date of Incorporation:	Place of Incorporation:
	r service of process:
Name:	City,St,Zip:
-	Phone:
lf a sole proprietorship or individual owner	rship, please specify the following:
Name:	
	City,St,Zip:
	Phone:
Property Information:	
Property Parcel Number:	
Legal Description:	
<u> </u>	
Property Ownership:	_ease
Property Ownership:	_ease
Property Ownership:	City,St,Zip:
Property Ownership:	Lease City,St,Zip: E-mail Address:
Property Ownership: Own Rent or L Property Owner Name: Address: Phone: Property Owner Name:	Lease City,St,Zip: E-mail Address:
Property Ownership: Own Rent or L Property Owner Name: Address: Phone: Property Owner Name: Address:	Lease City,St,Zip: E-mail Address: City,St,Zip:
Property Ownership: Own Rent or L Property Owner Name: Address: Phone: Property Owner Name: Address: Phone	City,St,Zip:
Property Ownership: Own Rent or Leaders Property Owner Name: Address: Phone: Property Owner Name: Address: Phone If more than two property Owner Name In the Image Is a second	Lease City,St,Zip: E-mail Address: City,St,Zip:
Property Ownership: Own Rent or Leases Property Owner Name: Address: Phone: Property Owner Name: Address: Phone If more than two property Loans and Leases Are there any loans, leases, secured transactions.	City,St,Zip: E-mail Address: City,St,Zip: E-mail Address: city owners provide separate list of all owners. ions and/or repayments related to the business?
Property Ownership: Own Rent or Lead Property Owner Name: Address: Phone: Property Owner Name: Address: Phone If more than two property Owner and Leases Are there any loans, leases, secured transaction Yes No If yes, attach the terms associated in the second in the	City,St,Zip: E-mail Address: City,St,Zip: E-mail Address: city owners provide separate list of all owners. ions and/or repayments related to the business?
Property Ownership: Own Rent or Leases Property Owner Name: Address: Phone: Property Owner Name: Address: Phone If more than two property Loans and Leases Are there any loans, leases, secured transactions.	City,St,Zip: E-mail Address: City,St,Zip: E-mail Address: city owners provide separate list of all owners. erty owners provide separate list of all owners. ions and/or repayments related to the business?